

# This Computes!

Department of Health Services  
Children's Medical Services Network  
(CMS Net) - Information Bulletin #167



## Monthly CCS Caseload Count Reports

Two reports have been created to assist counties in obtaining monthly caseload counts. These reports are the Monthly Caseload Count Report in CMS Net Legacy and the Healthy Families Count Report in Business Objects.

Please refer to [Section 6 of the Plan and Fiscal Guidelines](#) for more details on calculation of eligible months and reporting caseload.

### Report Descriptions

#### Monthly CCS Caseload Count in CMS Net Legacy \*\*Replaces Quarterly Case Count (QCC)\*\*

This report can be accessed from the CMS Net Legacy main menu (Systems Maintenance>Management Reports, choose "Monthly Caseload Count" from the pick list, enter your county name, then hit Search). The report lists the active and pending Medi-Cal and Non Medi-Cal counts for a specific month. **These counts are archived so users can access prior months.**

The Non Medi-Cal counts contain both Healthy Families and CCS-Only. Subtracting the Healthy Families count total for the month (from the report below) from the Non Medi-Cal count total will result in the CCS-Only count.

#### Healthy Families Count Report in Business Objects

This report can be accessed from the Business Objects Corporate Documents (CMS-CCS Reports, Healthy Families Caseload Count). This report lists the active and pending Healthy Families Counts as of yesterday in CMS Net. **These counts are NOT archived.** This report will need to be run by the user at the end of every month to obtain count totals or those totals will be lost.

The Healthy Families Count report is in the process of being published. The Healthy Families report data will not be accurate in Business Objects until June 16, 2006.

### **Report Logic**

Below is the logic behind each report.

#### **Monthly CCS Caseload Count Report**

##### **Active Cases**

- Client Eligibility Case Status = “Active” anytime during the month in which the report is being run for
- If a case was active in multiple counties within a month it shall count as an “Active” case for each county it was active in.

##### **Medi-Cal:**

- There is a Medi-Cal number stored in Insurance/Other Coverage AND the Medi-Cal Coverage screen has a valid aid code that counts as Medi-Cal (cases that have ONLY aid codes 0C; 7Y; 8X; 9H; 9K; 9R; 9N; and 9U will not be counted)
- If a case has more than one active period with different aid codes within the month and it had qualified at one time during that month to be considered “Medi-Cal”, it should finally be considered “Medi-Cal”. Cases with these circumstances shall only be counted once for each county.

##### **Non Medi-Cal:**

- There is not a Medi-Cal number stored in Insurance/Other Coverage OR
- There is a Medi-Cal number stored in Insurance/Other Coverage AND the Medi-Cal Coverage screen has a valid aid code that does not count as Medi-Cal (cases that have ONLY aid codes 0C; 7Y; 8X; 9H; 9K; 9R; 9N; and 9U)

##### **Pending Cases**

- Registration Status = “Pending”, “Reopen Pending” OR
- Registration Status = “Denied” or “Not Open” and the Referral Date and/or Date Denied falls within the month the report is being run.
- If a case was “Pending”, “Reopen Pending”, “Denied” or “Not Open” in multiple counties within a month it shall count as a “Pending” case for each county it was one of these statuses in. The county designated shall be the legal county as of the Referral Date for “Pending”, “Reopen Pending” and “Not Open” cases and the legal county as of the Date Denied for “Denied” cases.

Medi-Cal:

- Registration Status = “Pending”, “Reopen Pending” OR
- Registration Status = “Denied” or “Not Open” and the Referral and/or Date Denied falls within the month the report is being run for AND
- There is a Medi-Cal number stored in Insurance/Other Coverage AND the Medi-Cal Coverage screen has a valid aid code that counts as Medi-Cal (cases that have ONLY aid codes 0C; 7Y; 8X; 9H; 9K; 9R; 9N; and 9U will not be counted)
- If there is not a value stored in the Medi-Cal number field then:  
Reason Not Required on the Financial Worksheet = “Medi-Cal No-SOC, Under 200%”

Non Medi-Cal:

- Registration Status = “Pending”, “Reopen Pending”, “Denied” or “Not Open” and the Referral and/or Date Denied falls within the month the report is being run for AND
- There is no Medi-Cal number stored in Insurance/Other Coverage OR
- There is a Medi-Cal number stored in Insurance/Other Coverage AND the Medi-Cal Coverage screen has a valid aid code that does not count as Medi-Cal (cases that have ONLY aid codes 0C; 7Y; 8X; 9H; 9K; 9R; 9N; and 9U)

### Healthy Families Count Report

#### *Active Cases*

- Case Status = “Active” or “Transfer Active”
- The third and fourth digit of the Medi-Cal number stored in Insurance/Other Coverage shall be 0C; 7Y; 8X; or 9H.

#### *Pending Cases*

- Case Status = “Pending” or “Reopen Pending”
- The third and fourth digit of the Medi-Cal number stored in Insurance/Other Coverage shall be 0C; 7Y; 8X; or 9H.